## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 15, 2004 8:00 am Secretary of State

DOCUMENT # L03000031485  1. Entity Name CLICK FARMS LLC							03-15-2004	90432 016 ****	50.00	
Principal Place of Business 810 SATURN STREET, SUITE 15 JUPITER, FL 33477			Mailing Address 810 SATURN STREET, SUITE 15 JUPITER, FL 33477						·	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03122004	Chg-LLC	CR2E083 (10/03)	)	
City & State			City & State		4. FEI Numb	ber		pplied For lot Applicable		
Zip -	Country		Zip			5. Certificate of Status Desired			\$5.00 Additional Fee Required	
6. Name and Address of Current R			Registered Agent	egistered Agent		7. Name and Address of New Registered Agent				
CLICK, DA	VID F				Name '				İ	
810 SATURN STREET, SUITE 15 JUPITER, FL 33477					Street Address (P.O. Box Number is Not Acceptable)					
			•	•						
i					City			FL Zip Coo	de	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE   D										
Filing Fee is \$50.00 Due by May 1, 2004								check payable to Department of Sta		
9.		MANAGING MEMBE	EDS/MANAGERS	10.		·	ADDITIONS/0	OLIANOES -		
TITLE	l	MANAGET OF THE STATE OF	Delete					☐ Change	△ Addition	
NAME					DANA-60 SANS L	CLICK				
STREET ADDRESS CITY-ST-ZIP				STRE		SAND F. CLICK 810 SATURN ST., SUIDETS JUPITER, FC 33477				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability companyor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
) - 1 - ( lel 3-12-04 5-61.747.7337										
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Dayline Phone #										